

To report changes of ownership, enter the correct information on this form and mail it to the Department's License and Revenue Branch, 1740 N. Market Blvd., Sacramento, CA 95834 along with proof of ownership, fees and all other necessary documents. If you should have any questions, call (916) 928-5822.

PROOF OF OWNERSHIP: FGC Section 7601 defines a vessel owner as the person or persons designated as the registered owner of the vessel on the certificate of documentation issued by the U. S. Coast Guard or a copy of the vessel registration issued by the vessel registration agency of the state where the owner is a resident. The vessel registration agency in California is the Department of Motor Vehicles. The Department accepts a copy of either the U.S. Coast Guard documentation papers or vessel registration issued by your state Department of Motor Vehicles to verify new vessel ownership.

CHANGE OF OWNERSHIP FEES: A change of ownership may be approved only if the vessel owner submits a written notarized request for change of ownership with the appropriate nonrefundable transfer fee and documents to the Department's License and Revenue Branch in Sacramento.

Transferable Dungeness Crab permittees must complete this change of ownership form when the vessel is sold.

The following permits can not be sold to another person or change ownership:

Nontransferable Dungeness Crab Vessel Permit Nontransferable Market Squid Vessel Permit Nontransferable Squid Light Boat Permit Nontransferable Northern Pink Shrimp Trawl Vessel Permit

Tier 2 Spot Prawn Trap Vessel Permit Tier 3 Spot Prawn Trap Vessel Permit

YOU MUST INCLUDE A PHOTOCOPY OF YOUR DRIVER'S LICENSE OR DMV/ID WITH THIS APPLICATION.

CHANGE OF VESSEL OWNERSHIP				
PREVIOUS OWNER'S FIRST NAME (Seller)	M.I.	LAST NAME		
BUSINESS NAME (If any)			DAY TELEPHONE (Voluntary)	
2001.1200.10.112 (1. 41.7)		()		
F&G BOAT #	BOAT NAME			DATE OF SALE
DRIVER'S LICENSE OR DMV I.D. NUMBER AND STATE				
NEW OWNER'S FIRST NAME (Buyer)	M.I.	LAST NAME		
NOTE: Copies of the Articles of Incorporations, A the Department of Fish and Game, License and R				
BUSINESS NAME (If any)				
MAILING ADDRESS				
CITY	STATE	ZIPCODE		
STREETADDRESS				
CITY	STATE	ZIPCODE		
NEW BOAT NAME	1	HOME PORT		
IF MORE THAN ONE NEW OWNER				
DRIVER'S LICENSE OR DMV I.D. NUMBER AND STATE		COMMERCIAL FISHING ID#		
FIRST NAME	M.I.	LAST NAME		
MAILING ADDRESS	1			
CITY	STATE	ZIPCODE		
STREETADDRESS				
CITY	STATE	ZIP CODE DAY TELEPHONE (Voluntary)		
I hereby certify under penalty of perjury that the above is	true and correct.	<u> </u>	<u> </u>	
SIGNATURE			DATE	
X				

MAIL TO:

DEPARTMENT OF FISH AND GAME LICENSE AND REVENUE BRANCH 1740 N. MARKET BOULEVARD SACRAMENTO, CA 95834 OR FAX (916) 419-7586